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CONFIRMATION NO. 4079

<b>SERIAL NUMBER</b> 10/658,769	<b>FILING OR 371(c) DATE</b> 09/10/2003 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3764	<b>ATTORNEY DOCKET NO.</b> 9891-000010/US
<b>APPLICANTS</b> Thomas J. Wood, Blackshear, GA; Shara Hernanadez, Miami, FL; Bruce M. Sher, Lighthouse Point, FL;				
<b>** CONTINUING DATA *****</b> TK4				
<b>** FOREIGN APPLICATIONS *****</b> TK4				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 02/23/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>John W. Sher</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> GA	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 31 <b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 40575				
<b>TITLE</b> Nasal interface and system including ventilation insert				
<b>FILING FEE RECEIVED</b> 581	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	